

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

140

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 10-13-01

2002 Reg

✓ # 5913
\$110.00 MRS

1011683

1. NAME BYERS - DESTITUTE VONNIE M.
Last First MI

2. BUSINESSPHONE (225) 295-1300
Area Code and Phone Number

3. BUSINESS ADDRESS 11918 BRICKSOME AVENUE, BATON ROUGE, LA 70816
Street and No. City State Zip

MAILING ADDRESS P. O. BOX 40183, BATON ROUGE, LA 70835
Street and No. City State Zip

4. EMPLOYER LOUISIANA FINANCE ASSOCIATION

5. EMPLOYER'S ADDRESS 11918 BRICKSOME AVENUE, STE A, BATON ROUGE, LA 70816
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name LOUISIANA FINANCE ASSOCIATION

Address 11918 BRICKSOME AVENUE, SUITE A: BATON ROUGE, LA 70816

Business or purpose TRADE ASSOCIATION (FINANCIAL COMPANIES)

Does this person pay you? NO

If No, who pays you? IT IS PART OF MY SALARY AND JOB TO MONITOR BILLS THAT AFFECT OUR INDUSTRY AND REPORT TO OUR LOBBYIST AND LEGISLATIVE CHAIRMAN

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2. Name NONE

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name NONE

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name NONE

Address _____

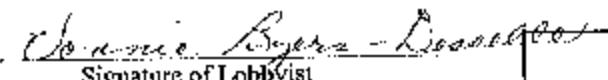
Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY